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## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No.

: 10/052,834

**Applicant** 

: David J. Richmond

Filed

: 01/17/2002

Art Unit

: 3732

Examiner

: Doan, Robyn Kieu

Docket No.:

: REVOL-58825

Customer No.

24201

Mail Stop Non-Fee Amendment Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

## **AMENDMENT**

Dear Sir:

In response to the Office action dated May 20, 2004, please amend the above identified application as follows:

08/20/2004 ASINGLET 00000002 062425

10052834

01 FC:2201 02 FC:2202 43.00 DA 45.00 DA

fee

## PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2001

Application or Docket Number

MODME-)882

		SMALL E	NTITY			THAN				
TO	OTAL CLAIMS		(Column 1) (Colu		umn 2)	TYPE [	1 555	OR Ti		·
500						RATE	FEE	4	RATE	FEE
FOR			NUMBER	FILED NUM	BER EXTRA	BASIC FE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			4 / minus 20= *		20	X\$ 9=	234	OR	X\$18=	
INDEPENDENT CLAIMS			minus 3 = 5			X42=	210	OR	X84=	
MULTIPLE DEPENDENT CLAIM PRESENT								OR	+280=	
* If the difference in column 1 is less than zero, enter "0" in column 2						TOTAL	2/4	OR	TOTAL	81
CLAIMS AS AMENDED - PART II								3	OTHER	
(Column 1) (Column 2) (Column 3)							ENTITY	OR	SMALL	
AMENDMENT A		REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ND	Total	. 5/	Minus	- 46	- 5	X\$ 9=	45	OR	X\$18=	
AM	Independent FIRST PRESE	NTATION OF M	Minus	PENDENT CLAIM	= /	X42=	43	OR	X84=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   +140=								OR	+280=	
TOTAL ADDIT. FEE								OR	TOTAL	
(Column 1) (Column 2) (Column 3)										<u>ا</u>
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	##	=	X\$ 9=	7.2.	OR	X\$18=	,,,,,,
ME	Independent	*	Minus	***	=	X42=			X84=	
	FIRST PRESE	NTATION OF MI	ILTIPLE DEP	ENDENT CLAIM				OR	704-	
+140=								OR	+280=	
TOTAL ADDIT. FEE								OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)										
AMENDMENT C	·	CLAIMS REMAINING AFTER AMENDMENT	ė.	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	ŧ	Minus	**	=	X\$ 9=		OR	X\$18=	
<b>AME</b>	Independent	•	Minus	***	=	X42=		ı	X84=	
	FIRST PRESE	HST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						OR		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								OR	+280=	
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE									TOTAL DDIT. FEE	
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.										